	STATES HOUSE OF REPRESENTATIVES DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	FORM A Page 1 of 6 For use by Members, officers, and employees	HAND DELIVERED
	David Loebsack (Full Name)	202-225-6576 (Daytime Telephone)	2008 MAY 15 PM 4:31 U.S.(Office Use Only)
Filer Status		Officer Or Employing Office: Employee	A \$200 penalty shall be assessed against
Report Type	Annual (May 15) Amendment Terminal		anyone who files more than 30 days late.
PRELIMINA	ARY INFORMATION ANSWER EACH OF THESE O	QUESTIONS	
or more from If yes, com	ur spouse have "earned" income (e.g., salaries or fees) of \$200 any source in the reporting period? Yes ✓ No □ Delete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable the reporting period (i.e., aggregating more than \$305 and not of exempt)? If yes, complete and attach Schedule VI.	ele gift in therwise Yes No 🗸
II. you for a spe	dual or organization make a donation to charity in lieu of paying ech, appearance, or article in the reporting period? Yes No other lieu of paying Yes No other lieu of paying	Did you, your spouse, or a dependent child receive any reportate vill. reimbursements for travel in the reporting period (worth more the from one source)? If yes, complete and attach Schedule VII.	ole travel or nan \$305 Yes ✔ No ☐
III. more than \$2 more than \$1	spouse, or a dependent child receive "unearned" income of 00 in the reporting period or hold any reportable asset worth Yes V No 000 at the end of the period?	Did you hold any reportable positions on or before the date of fil VIII. current calendar year? If yes, complete and attach Schedule VIII.	ling in the Yes ☐ No ☑
IV. reportable as period?	spouse, or dependent child purchase, sell, or exchange any set in a transaction exceeding \$1,000 during the reporting Yes V No	IX. Did you have any reportable agreement or arrangement with an entity? If yes, complete and attach Schedule IX.	outside Yes ☐ No ✓
V. (more than \$	spouse, or a dependent child have any reportable liability 0,000) during the reporting period? Yes No No No No No No No No	Each question in this part must be answered	I and the appropriate
	N OF SPOUSE, DEPENDENT, OR TRUST INFORMA	schedule attached for each "Yes" response.	STICNIC
Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committ trusts" need not be disclosed. Have you excluded from this report child?	tee on Standards of Official Conduct and certain other "excer	ated
Exemption	ns Have you excluded from this report any other assets, "unearned" in because they meet all three tests for exemption?	ncome, transactions, or liabilities of a spouse or dependent c	hild Yes □ No 🏹

SCHEDULE'I - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
US House of Representatives	Congressional Salary	\$147,605
Iowa Public Employees Retirement Pension	Spouse Pension	N/A

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	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Identify (a) a fair mark and (b) an than \$200 land, proving mutual fur retirement in which y investment in the acceptant that and its valithat is not its activitic information. Exclude: You so that of you so that you so that of you so that	esset and/or Income Source) each asset held for investment or production of income with ket value exceeding \$1,000 at the end of the reporting period, y other assets or sources of income which generated more in "unearned" income during the year. For rental property or ide a complete address. Provide full names of stocks and hads (do not use ticker symbols). For all IRAs and other to plans (such as 401(k) plans) that are self directed (i.e., plans ou have the power, even if not exercised, to select the specific fits), provide the value and income information on each asset ount that exceeds the reporting threshold. For retirement are not self-directed, name the institution holding the account flue at the end of the reporting period. For an active business is publicly traded, state the name of the business, the nature of es, and its geographic location in Block A. For additional on, see the instruction booklet. Your personal residence(s) (unless there is rental income); any if to you by your spouse, or by your or your spouse's child, sibling; any deposits totaling \$5,000 or less in personal eccounts; any financial interest in or income derived from U.S. ent retirement programs. Schoose, you may indicate that an asset or income source is our spouse (SP) or dependent child (DC) or is jointly held (JT), it incomes to the far left.	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP	Vanguard Prime Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Long-Term Bond Index	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Short Term Investment-Grade Fund	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	Р
SP	Vanguard Extended Market Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Intermediate-Term Bond Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Vanguard VBS Stock Holdings	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	Р

SCHEDULE III - ASSETS AND '	"UNEARNED" INCOME
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CHED	ULE III - ASSETS AND "UNEARNED" INC	Name David Loebsack			Page 4 of 6	
	1 .		5,001 - 0,000	INTEREST	\$1,001 - \$2,500	Р
	CREF Stock	\$1,	001 - \$15,000	CAPITAL GAINS	\$1,001 - \$2,500	Р
	CREF Growth		5,001 - 0,000	CAPITAL GAINS	\$2,501 - \$5,000	Р
	CREF Equity Index	\$1,	001 - \$15,000	CAPITAL GAINS	\$1,001 - \$2,500	Р
	CREF Global Equities	\$1,	001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	TIAA Real Estate		00,001 - 50,000	CAPITAL GAINS	\$15,001 - \$50,000	Р
	CREF Money Market	\$1,	001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
	TC Lifecycle Fund 2020		0,001 - 00,000	CAPITAL GAINS	\$1,001 - \$2,500	Р
	TC Lifecycle Fund 2025	ł ·	5,001 - 0,000	None	NONE	
	CREF Bond Market	\$1	- \$1,000	CAPITAL GAINS	\$1 - \$200	
	CREF Inflation-Linked Bond	No	ne	CAPITAL GAINS	\$201 - \$1,000	
SP	Vangaurd Prime Money Market	\$1,	001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	S(part)
SP	Mount Vernon Bank Account	1 '	00,001 - 50,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Vanguard Short Term Investment-Grade Fund	Р	Various Times	\$1,001 - \$15,000
SP	Vanguard VBS Stock Holdings	P	Various Times	\$1,001 - \$15,000
	TIAA Traditional	P	Various Times	\$1,001 - \$15,000
	CREF Stock	P	Various Times	\$1,001 - \$15,000
	CREF Growth	Р	Various Times	\$1,001 - \$15,000
	CREF Equity Index	P	Various Times	\$1,001 - \$15,000
	TIAA Real Estate	P	Various Times	\$15,001 - \$50,000
	TC Lifecycle Fund 2020	P	Various Times	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure DestinationPoint of Return		Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Obama for America	Feb. 1-3	DC-Minneapolis-Cedar Rapids	Υ	Υ	N	None